MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. FILING DATE APPLICANT(S)

			AF	TER	AFTER 2nd AMENDMENT		LAIMS			1.		
		ILED		TER NDMENT								<u> </u>
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.
2	-	/	 				51					┝
3	-	1	├				52					-
4		 //-					53			_		-
5		1-5					54					├
6							55				ļ	ļ
7	ļ		<u> </u>	ļ			56					
	L						57					
8			L				58				İ	
9							59					
10				1			60					
11			L				61					
12					1		62			I		
13					1		63					1
4							64	-		-		
5		1					65					
6							66			t		
7		T		1	 		67				-	 -
В				1		_	68	~~~~	 			_
9		 										
0				 	 		69					├
1	_	_			-		70		 			-
2		-				-	71			-		
3							72					
							73					
4							74					
5							75					
6							76					
7							77					
8							78					
9							79					
0_							80					
1							81					
12							82					
3							83					_
4							84					
5			l			_	85		 			
3			l	T		 	86		 			-
7			 	 	l		87					
-			 				88					├
9			 									├
2			 				89					├
-		-	_	_	-		90		-			├
	 	-	 		-		91					L
2	<u> </u>			<u> </u>	ļ		92		<u> </u>			
3			<u> </u>				93					
4							94					
5							95					
3							96					
7							. 97					
В							98			-		
9							99					_
0							100					<u> </u>
AL	1					· . ·	TOTAL IND.		<u> </u>	\vdash	-	
	1	1. I 1		L					1	igsquare	1	
AL	4	-	l	-		-	TDTAL DEP.				_	
AL	5	141.15		1861			TOTAL		_			-